2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27977

FILED Mar 26, 2009 Secretary of State

Entity Name: PROFESSIONAL FIREFIGHTERS/PARAMEDICS OF PALM BEACH COUNTY, LOCAL 2928,

I.A.F.F., INC.

Current Principal Place of Business: New Principal Place of Business:

2328 S. CONGRESS AVENUE

SUITE 2C

WEST PALM BEACH, FL 33406 US

Current Mailing Address: New Mailing Address:

2328 S. CONGRESS AVENUE SUITE 2C

WEST PALM BEACH, FL 33406 US

FEI Number: 59-2398566 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MIERZWA, MATTHEW J. J MIERZWA & ASSOCIATES, P.A. 3900 WOODLAKE BLVD STE. 212 LAKE WORTH, FL 33463 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

 Name:
 MAYO, MICHAEL J.,
 Name:

 Address:
 2328 S. CONGRESS AVE, SUITE 2-C
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33406 US
 City-St-Zip:

Title: TDSD () Delete Title: () Change () Addition

 Name:
 BERGERON, MICHAEL
 Name:

 Address:
 2328 S. CONGRESS AVE, SUITE 2-C
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33406 US
 City-St-Zip:

Title: VD () Delete Title: VD (X) Change () Addition

Name: NAULT, ARMAND, Name: ANGELO, ALFRED,

 Address:
 2328 S. CONGRESS AVE, SUITE 2-C
 Address:
 2328 S. CONGRESS AVE, SUITE 2-C

 City-St-Zip:
 WEST PALM BEACH, FL 33406 US
 City-St-Zip:
 WEST PALM BEACH, FL 33406 US

Title: VP () Delete Title: VP (X) Change () Addition

Name: SEDGWICK, MICHAEL Name: LUPO, CHARLES

Address: 2328 S. CONGRESS AVE, SUITE 2-C
City-St-Zip: WEST PALM BEACH, FL 33406 US
Address: 2328 S. CONGRESS AVE, SUITE 2-C
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WEST PALM BEACH, FL 33406 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL BERGERON TDSD 03/26/2009